

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 31
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 45.00		
City Kernersville	State NC	Zip Code 27284			
Purpose of Expenditure Salary		Category/Type 001	Transaction ID : 02372bb0-0834-4a06-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 334403.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 7.50		
City Kernersville	State NC	Zip Code 27284			
Purpose of Expenditure Mileage		Category/Type 002	Transaction ID : 6b435a15-7206-4a7f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 334403.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Signature